

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010808

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 135

STATE FILE NUMBER

FILED APR 8 1963

1. PLACE OF DEATH a. COUNTY CEDAR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CEDAR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELDORADO SPRINGS 24 HRS		c. CITY OR TOWN ELDORADO SPRINGS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CEDAR CO. MEMORIAL HOSP		d. STREET ADDRESS (If outside, give location) 203 N. GRANT. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM HENRY PERERO		4. DATE OF DEATH Month Day Year APRIL 2, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-30-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD LABORER		10b. KIND OF BUSINESS OR INDUSTRY ST. CLAIR, Mo	
11a. FATHER'S NAME James A. Perero		11b. MOTHER'S MAIDEN NAME Mather C. Burdett	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> No, <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service) No.		12b. SOCIAL SECURITY NO. 203 N. Grant	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration and inanition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cerebral encephalomalacia DUE TO (c) cerebral arteriosclerosis		14. NAME OF HUSBAND OR WIFE Jessie Perero	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION EL Dorado Springs, Mo		
21. I attended the deceased from 12-2-62 to 4-2-63 and last saw her alive on 4-2-63		22. SIGNATURE (Degree or title) Robert L. Mager M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-4-1963	
23c. NAME OF CEMETERY OR CREMATORY Englewood Cem.		23d. LOCATION (City, town, or county) Clinton, Mo	
24. FUNERAL DIRECTOR Emmanuel Threlk. Howe		25. DATE RECD. BY LOCAL REG. 4-2-63	
26. REGISTRAR'S SIGNATURE Jac. E. Buckham		27. DATE SIGNED 4-2-63	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0201

2 0201

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APR 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. A. Vaisant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.